

STANDARD CERTIFICATE OF DEATH

State File No. **34282**

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **279**

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town **Columbia City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**610 Washington Ave 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Babbl Ann Murray**  
3. (b) If veteran, name war **1**  
3. (c) Social Security No. **1**

4. Sex **Female** 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife.  
6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Sept 25 1853**  
(Month) (Day) (Year)

8. AGE: Years **88** Months **0** Days **7** If less than one day hr. min.

9. Birthplace **Boone Co., Mo.**  
(City, town or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William H. White**  
13. Birthplace **Boone Mo.**  
(City, town or county) (State or foreign country)  
14. Maiden name **Martha Shock**  
15. Birthplace **Boone Mo.**  
(City, town or county) (State or foreign country)

16. (a) Informant **H. E. Murray**  
(b) Address **610 Washington St.**

17. (a) **Burial** (b) Date thereof **10-4-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boonville Cem**

18. (a) Signature of funeral director **R. O. Hilleth**

(b) Address **Columbia Mo**

19. (a) **10/9/41** (b) **Allie Selby**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Boone**  
(c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **610 Washington**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **2nd**  
year **1941** hour **8** minute **10** P.M.

21. I hereby certify that I attended the deceased from **Oct 1st** 1941 to **Oct 2nd** 1941  
that I last saw him alive on **Oct 2nd** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **Paralytic Stroke**  
**(apoplexy)**  
Due to **Serility + Chronic Nephritis**

Due to  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **Lloyd Simpson** (M. D. or other)  
Address **506 Cherry St** Date signed **Oct 9-41**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~and~~ by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.